

PTO/SB/21 (09-04)

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|---|------------------------|-----------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/746660-Conf. #1463 |
| | Filing Date | December 22, 2000 |
| | First Named Inventor | Markus POMPEJUS |
| | Art Unit | 1635 |
| | Examiner Name | Zara, Jane J. |
| Total Number of Pages in This Submission | Attorney Docket Number | BGI-121CP2 |

ENCLOSURES (Check all that apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition To Correct Priority Claim Under 37 C.F.R. §1.78(A)(3); Supplemental Amendment; Supplemental Application Data Sheet; Return Receipt Postcard |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--|----------|--------|
| Firm Name | LAHIVE & COCKFIELD, LLP | | |
| Signature | | | |
| Printed name | Maria Laccotripe Zacharakis, Ph.D., J.D. | | |
| Date | October 3, 2005 | Reg. No. | 56,266 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL 913 978 381 US, in an envelope addressed to: MS Petitions, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 3, 2005

Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)



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| | | | |
|---|--|--------------------------|-----------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 09/746660-Conf. #1463 |
| TOTAL AMOUNT OF PAYMENT | | Filing Date | December 22, 2000 |
| (\$) | | First Named Inventor | Markus POMPEJUS |
| 1,370.00 | | Examiner Name | Zara, Jane J. |
| | | Art Unit | 1635 |
| | | Attorney Docket No. | BGI-121CP2 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| | | | | |
|---------------------------------|---------------------|-----------------|----------------------|--------------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| _____ | _____ | _____ | _____ | <u>Fee (\$)</u> <u>Fee Paid (\$)</u> |
| _____ - = _____ x _____ = _____ | | | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | |
| _____ | _____ | _____ | _____ | |
| _____ - = _____ x _____ = _____ | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | _____ | _____ | _____ | _____ |
| _____ - 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____ | | | | |

4. OTHER FEE(S)

| | |
|--|-----------------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other (e.g., late filing surcharge): <u>1454 Acceptance of an unintentionally delayed claim...</u> | <u>1,370.00</u> |
| | Fees Paid (\$) |

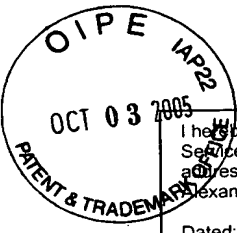
SUBMITTED BY

| | | | | | |
|-------------------|--|-----------------------------------|-----------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 56,266 | Telephone | (617) 227-7400 |
| Name (Print/Type) | Maria Laccotripe Zacharakis, Ph.D., J.D. | Date | October 3, 2005 | | |

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Dated: October 3, 2005

Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)



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Dated: October 3, 2005 Signature: *M. Laccotripe*
(Maria Laccotripe Zacharakis, Ph.D., J.D.)

Docket No.: BGI-121CP2
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Markus Pompejus *et al.*

Application No.: 09/746,660

Confirmation No.: 1463

Filed: December 22, 2000

Art Unit: 1635

For: *Corynebacterium glutamicum Genes Encoding Metabolic Pathway Proteins*

Examiner: Zara, Jane

MS Petitions
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO CORRECT PRIORITY CLAIM
UNDER 37 C.F.R. §1.78(A)(3)

Dear Sir:

Pursuant to 37 C.F.R. §1.78(A)(3), Applicants hereby petition the Commissioner to correct the priority claim for the above-identified application.

In support of this petition, Applicants respectfully submit the following:

1. The application has been amended, by the Supplemental Amendment submitted herewith, to contain the appropriate reference to each of the prior filed applications to which the above-identified application claims priority, in accordance with 37 C.F.R. §1.78(a)(3)(i) and 1.78(a)(2).
2. The fee as set forth in 37 C.F.R. §1.78(a)(3)(i) and §1.17(t) is submitted herewith.
3. The entire delay between the date the priority claim was due under 37 C.F.R. §1.78(a)(3)(ii) and the present submission was unintentional.

Docket No.: BGI-121CP2


Application No.: 09/746,660

In view of the foregoing, Applicants respectfully request correction of the priority claim.

The Commissioner is hereby authorized to charge the prescribed fee under 37 C.F.R. § 1.17(t) to our Deposit Account No. 12-0080 under Order No. BGI-121CP2. Please charge any additional fees or credit any overpayments associated with this communication (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080.

Respectfully submitted,

Dated: October 3, 2005

By 
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